randomized, placebo-controlled, parallel-group study was conducted in 280 patients with advanced PD who were receiving levodopa. The study included a 7-week escalation phase, a 4-week maintenance phase, and a 1-week taper phase. QoL outcomes for the intent-to-treat groups were evaluated as secondary endpoints within the clinical trial. These endpoints were assessed through the use of 3 fully validated QoL instruments: the PD Questionnaire (PDQ-39), the EuroQol (EQ-5D), and the Functional Status Questionnaire (FSQ). **RESULTS:** Significant differences in mean change scores favoring sumanirole were apparent in the domain pertaining to Activities of Daily Living (ADL) within the PDQ-39 and in the Overall Summary Score of the PDQ-39 ($P < 0.0006$ and $P < 0.0093$, respectively). Significant differences favoring sumanirole were observed in the domain associated with Usual Activities in the EQ-5D ($P < 0.0280$) and in the Basic Activities of Daily Living domain of the FSQ ($P < 0.0092$). Changes in the Mobility domain in the PDQ-39 also trended toward significance in favor of sumanirole ($P < 0.0556$). **CONCLUSIONS:** These data demonstrate consistent findings of improved QoL when assessed by each of three QoL instruments for patients with advanced PD who were treated with sumanirole.

PNP31

PARENT PERCEPTIONS OF MEDICATIONS FOR ADHD: A PILOT STUDY

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Attention deficit hyperactivity disorder (ADHD) is a behavioral disorder originating in early childhood, with a high risk for continued symptoms into adolescences and adulthood. Although stimulant medications are often recommended to treat ADHD, parents' views of these medications have not been reported in the literature. **OBJECTIVES:** To report pilot study results of a questionnaire developed to evaluate parent perceptions of medications to treat ADHD symptoms in children. **METHODS:** A parent questionnaire (Parent Perceptions of Medication for ADHD Questionnaire) was adapted from previously developed physician perception survey. Prior to administration, two physicians experienced in treating ADHD children reviewed the parent questionnaire for face validity. Item responses were either yes/no questions or rated on a 6-point scale. Face-to-face interviewer administered follow-up questions were performed to assess questionnaire clarity and relevance. The study subjects were recruited from a sample of parents who had an ADHD child enrolled in a Midwestern ADHD clinic. **RESULTS:** Forty-three parents of children with ADHD participated in the study. The Flesch-Kincaid grade level readability of the questionnaire was 3.7. A majority (95%) of parents indicated they understood the classification of medications as a stimulant or a controlled substance however, many of the parents were not able to correctly define these terms. When deciding whether or not to have their child take medication for ADHD, 54% and 61% stated that their decision was not influenced by whether the medication was a stimulant or controlled substance, respectively. A majority of the parents surveyed indicated that they were concerned about their child taking a stimulant (58%) and would prefer a non-stimulant option if approved by the FDA (79%). **CONCLUSIONS:** Although parents reported the questionnaire was clear and understandable, many were not able to define key terms. With this questionnaire it was possible to quantify parent's perceptions towards ADHD drug treatment.

PNP32

QUALITY OF LIFE (QOL) IN PATIENTS WITH PARTIAL EPILEPSY IN MOSCOW

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OBJECTIVES: To study the influence of different factors on QOL of patients with partial epilepsy. **METHODS:** Frequency, severity (NHS3 scale, M. F. O'Donoghue et al., 1996) of seizures and QOL (QOLIE-31 scale, J. Cramer 1998) were analyzed in the population of 242 adult epilepsy patients with partial epilepsy in Moscow. The cross-cultural adaptation of the QOLIE-31 scale was performed. **RESULTS:** Patients with partial epilepsy who experienced persistent seizures and received ineffective antiepileptic medication had significantly lower total QOL scores than patients receiving optimized therapy: 42.13 ± 4.14 and 48.89 ± 5.45, respectively ($ð < 0.001$). The QOL of patients with partial epilepsy depends on the duration of the disease and severity and frequency of seizures. The severity of seizures has the strongest correlation with subscales of emotional well-being, energy/fatigue, medication effects, and social functioning, whereas the frequency of seizures had the strongest correlation with seizure worry, energy/fatigue, cognitive functioning, and social functioning. After optimized therapy 59% of patients became seizure-free. The QOL of patients receiving optimized therapy depends on their response to the antiepileptic medication. Seizure-free were characterized by improvement in all subscales of QOLIE-31, with a total score of 52.71 ± 3.41. Clinical efficacy/tolerability, QOL improvement, cost-effectiveness parameters were similar on carbamazepine or valproate monotherapy, that supports the use of valproate as adequate first-line drugs in patients with partial epilepsy. Even one or two persistent seizures per year significantly decreased the patient's QOL in comparison to seizure-free patients. **CONCLUSIONS:** The quality of life of patients with partial epilepsy depends on the duration of the disease and severity and frequency of seizures. Long-term ineffective therapy caused a negative effect on QOL.